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Invoice ID: 2221956
Created on 8/7/2015 10:04 AM
Last updated on 8/7/2015 10:04 AM

Applicant Form Identifier: OrangeCROCK-17

Block 1: Header Information

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| | | |
|--|--|--|
| 1. Billed Entity Name ORANGE ELEM SCHOOL DISTRICT | 2. Billed Entity Number 120173 | 3. Service Provider Identification Number (SPIN) 143034802 |
|--|--|--|

Applicant FCC Form 498 ID

4. Contact Name NICHOLE O'NEAL
5. Contact Telephone Phone (888) 416-8389
Contact Fax (508) 256-0363
Contact Email noneal@ocerate.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 3455.52

Block 2: Line Item Information Per Funding Request Number

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| 7. FCC Form 471 Application Number | 8. Funding Request Number (FRN) (from Funding Commitment Decision Letter) | 9. Bill Frequency (from Funding Commitment Decision Letter) | 10. Customer Billed Date (mm/dd/yyyy) | 11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy) | 12. Total (Undiscounted) Amount for Service | 13. Discount Rate | 14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13) | Approval Status |
|---|--|---|---|--|--|-------------------------|---|---------------------------|
| 1) 960449 | 2644971 | | 6/30/2015 | | \$ 4319.40 | 80 | \$ 3455.52 | AWAITING CERTIFICATION |

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 8/7/2015

17. Name NICHOLE O'NEAL
18. Title/Position PRESIDENT
20. Address 1 5701 E. CIRCLE DRIVE #380
Address 2
City CICERO
State NY
Zip Code 13039 -

19. Phone Number (888) 416-8389
19a. Fax Number (508) 256-0363
19b. Email NONEAL@OCERATE.COM
19c. Name of Authorized Person's Employee O'Neal Consulting

OMB Number 3060 - 0556 Form 472

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Client Service Bureau: 1-888-203-8100

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Invoice ID: 2221980
Created on 8/7/2015 10:06 AM
Last updated on 8/7/2015 10:06 AM

Applicant Form Identifier: OrangeINSTALL-17

Block 1: Header Information

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| | | |
|-----------------------------|-------------------------|------------------------------|
| 1. Billed Entity Name | 2. Billed Entity Number | 3. Service Provider |
| ORANGE ELEM SCHOOL DISTRICT | 120173 | Identification Number (SPIN) |
| | | 143034802 |

Applicant FCC Form 498 ID

| | |
|----------------------------|--------------------|
| 4. Contact Name | NICHOLE O'NEAL |
| 5. Contact Telephone Phone | (888) 416-8389 |
| Contact Fax | (508) 256-0363 |
| Contact Email | noneal@ocerate.com |

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 159.92

Block 2: Line Item Information Per Funding Request Number

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| 7. FCC Form 471 Application Number | 8. Funding Request Number (FRN) | 9. Bill Frequency | 10. Customer Billed Date | 11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy) | 12. Total (Undiscounted) Amount for Service | 13. Discount Rate | 14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13) | Approval Status |
|--|---|----------------------|-----------------------------|--|--|-------------------------|---|---------------------------|
| (from Funding Commitment Decision Letter) | (from Funding Commitment Decision Letter) | | | | | | | |
| 1) 960449 | 2673391 | | 6/30/2015 | | \$ 199.90 | 80 | \$ 159.92 | AWAITING CERTIFICATION |

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 8/7/2015

17. Name NICHOLE O'NEAL
18. Title/Position PRESIDENT
20. Address 1 5701 E. CIRCLE DRIVE #380
Address 2
City CICERO
State NY
Zip Code 13039

19. Phone Number (888) 416-8389
19a. Fax Number (508) 256-0363
19b. Email NONEAL@OCERATE.COM
19c. Name of Authorized Person's Employer O'Neal Consulting

Order Number 3060 - 0856 Form 4/2

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Client Service Bureau: 1-888-203-8100

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